

Parent/Guardian Consent and Health Form

Youth's Name _____

Date of Birth _____

School/ Grade _____

In the case of an emergency, list the name of the individuals who should be contacted.

Phone () _____ Phone () _____

Health Ins. Company and ID # _____

Physician's Name _____

Hospital _____

Does your youth have any health concerns/allergies, etc?

As he/she attends various events and takes part in activities not located at CCUMC, my youth will need to be transported to and from these events. By signing this form, I the parent/legal guardian, authorize Christ Community UM Church to transport my son/daughter in a private vehicle. I agree that if I do not want my child to be transported by CCUMC, I will contact the Youth Director prior to the event and will provide transportation for my own child. I agree not to hold CCUMC or the designated driver responsible for any injury that my child may incur while participating in or being transported for any activity.

Signed _____

Date _____

As a parent/guardian, I do herewith authorize medical treatment, under the direction of any licensed physician, of the above minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical empairment, or undue discomfort if treatment is delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed above.

I, the undersigned, assume the responsibility for any costs connected with such treatment and hereby release CCUMC and it's youth program from any liability thereof. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____

Date _____